## NEW YORK STATE DEPARTMENT OF HEALTH Vital Records Section

## **Notification Concerning an Order of Parentage**

DO NOT USE IN CASES OF ADOPTION TO: Bureau of Vital Records, Amendment Unit, P.O. Box 2602, Albany, NY 12220-2602 SUBJECT (check one) Both Parents Birth Parent Second Parent												
1. Information on Original Certificate												
Infant	1. Name First			Middle			Last					
	2. Date of Month	2. Date of Birth Month Day Year 3a. County (NYS			3b. Town			3c. City or Village				
<b>Birth Mother</b>	4a. Current Name First			Middle Last		Last		4b. Social Security Number				
	4c. Birth Name First				Middle Last							
2. I	. Infant's Name (if changing from original certificate)											
Infant	5. Infant N	5. Infant Name First Middle Last										
3. E	Birth Parent (if changing from original certificate)											
Birth Parent	6a. Current Name First			Middle Last				6b. Social Security Number				
	6c. Birth Name First			Middle		Last		6d. Date Month	e of Birth Day	Year		
6e. State of Birth (Country if not USA) 6f. Current Mailing Address (Include Zip Code)												
4. Second Parent (if changing from original certificate)												
Second Parent	7a. Current Name First			Middle Last			7b. Social Security Number					
	7c. Birth Name First			Middle Last				7d. Date Month	e of Birth   Day	Year		
Se	7e. State of Birth (Country if not USA)			7f. Current Mailing Address (Include Zip Code)								
5. 0	iamete D	onor	(if appl	icable)								
Donor	8a. Donor Name First			Middle		Last						
Gamete Donor	8b. Current Mailing Address (Include Zip Code)											
	e			_		_	_					
6.	Certifica	tion										
					I,	Pursuant to The Family Court Act Article 5-C, I,, Clerk of the Family Court						
					of County, do hereby notify you that an order of							
		SEA	AL OF TH	E COURT	parentage was made by the said court on the adjudging the above named to be							
					the pare	the parent(s) of the child whose birth certificate is identified above.						
					Signed: Clerk of the Court				Date			